Revision: 05/21/2014

The purpose of the Quick Reference Guide for Establishing a New Account is to provide the Electronic Signature Authority (also referred to as the Senior Prescribing Authority) with step-by-step instructions on establishing a new SCI PAS account. If questions or concerns should arise during the process, contact the help desk at 866-439-4082 (select option 2, Immunization Registry).



DO NOT create a new SCI PAS account if you have created one previously.

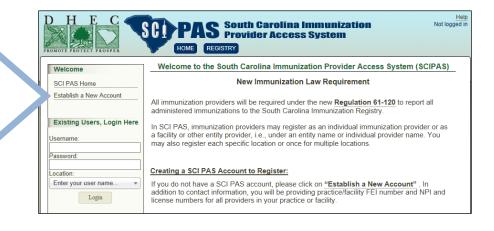
If you cannot remember your Username and Password, you will need to contact the Help Desk at 866-439-4082 (select option 2, Immunization Registry) for assistance.

New SCI PAS Account Creation

If an account has not previously been created, please go to:

https://www.scdhec.gov/scipas

Click ESTABLISH A NEW ACCOUNT.



Revision: 05/21/2014



To create a New SCI PAS
Account, the Electronic
Signature Authority (ESA),
sometimes referred to as the
Senior Prescribing Authority,
must complete this information.

The Electronic Signature Authority must be a Doctor of Medicine, Doctor of Osteopathy, Advanced Practice Registered Nurse, Physician Assistant, Doctor of Pharmacy or Registered Pharmacist. Enrollment types have different licensed professional requirements.

Enter facility information.

Select the facility's initial Enrollment/Registration Type.

Click **SUBMIT**.

Please select and print the appropriate Quick Reference Guide for step-by-step instructions.

	D. H. E. C. SEL PAS South Carolina Immunization Provider Access System	Help
	PROMOTE PROTECT PROSPER HOME REGISTRY	
	New SCI PAS Account Creation	
	If provider has accessed SCI PAS previously, please click on HOME to return to log in page. For assistance, please contact the Help Desk at 866-439-4082 (select option 2, Immunization Registry).	
	All fields in bold must be completed to submit for SCI PAS account creation.	
	Facility Name : Test Healthcare (as it appears on W-9)	
	Practice Name (or Doing Business As): (If Different from Facility Name above)	
	Name of Electronic Signature Authority (ESA): Union (first) (ESA): Test (last)	
Z	Position / Title of ESA: Doctor of Medicine 🔻 🙆	
7	Federal Employee Identification Number (FEI): 12-3456789 Organization's NPI: 1234567890	
	Facility Address (no P.O Box): 99 Test Drive	
	City: Columbia State: SC ✓ Zip: 29201	
	County: Richland	
	Facility Phone Number: (803) 898-5555	
	Email Address john test@testhealthcare.com (this will be your user name)	
	Password: Acceptable. Passwords match.	
	□ South Carolina Immunization Registry (SCI Registry) Enrollment/Registration Type(s): □ VFC Program - I have read the Federal VFC Program Protocols. 9d HL-7 Electronic Data Exchange to the Registry - I have read the Process Overview.	
	Submit	